

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90129 018 ***550.00

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1. Entity Name
ORTHOLOGIC CORP.



Principal Place of Business
**1275 W. WASHINGTON STREET
TEMPE AZ 85281-1210**

Mailing Address
**1275 W. WASHINGTON STREET
TEMPE AZ 85281-1210**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORP. SYST.
1200 S. PINE ISLAND RD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **TROTTER, THOMAS R**
STREET ADDRESS **1275 W. WASHINGTON STREET**
CITY-ST-ZIP **TEMPE AZ 85281-1210**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PTSV** ☐ Delete
NAME **SHERRY, STURMAN**
STREET ADDRESS **1275 W. WASHINGTON STREET**
CITY-ST-ZIP **TEMPE AZ 85281-1210**

TITLE ☒ Change ☐ Addition
NAME **Sherry Sturman**
STREET ADDRESS **1275 W. Washington St.**
CITY-ST-ZIP **Tempe, AZ 85281-1210**

TITLE **B** ☐ Delete
NAME **ALTMAN, STUART**
STREET ADDRESS **1275 W WASHINGTON STREET**
CITY-ST-ZIP **TEMPE AZ 86281**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WHITE, AGUSTUS A**
STREET ADDRESS **1275 W WASHINGTON STREET**
CITY-ST-ZIP **TEMPE AZ 85281**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HOWSE, ELWOOD D**
STREET ADDRESS **10800 NE 8TH ST #200**
CITY-ST-ZIP **BELLEVUE WA 98004**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/03

Date

Daytime Phone #

CR2E034 (4/03)